

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 102

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial)

Todd W Herzog

Mailing Address 41487 NE Foulweather Bluff Rd
PO Box 455

City State Zip Code
Hansville WA 98340-9737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Northwest Anesthe-
sia Services

Occupation
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: 33460472

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

John F Bistrick, Jr

Mailing Address 4252 Faber Place Dr Apt 303

City State Zip Code
North Charleston SC 29405-8572

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: 33460474

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Suzanne M Dufek

Mailing Address 835 Karau Ln

City State Zip Code
Cape Girardeau MO 63701-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Associates of
Cape

Occupation
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: 33460479

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)